

Public Health , Welfare and Safety
Senate Committee

Hearing SB89
January 17, 2007

SENATE PUBLIC HEALTH, WELFARE & SAFETY	
EXHIBIT NO.	<u>7</u>
DATE:	<u>1-17-07</u>
BILL NO.	<u>SB 89</u>

Good Afternoon, Honorable Senators,

Thank you for the opportunity to express my support for SB89.

I am Pat Hennessey, a Registered Dietitian, licensed to practice as a nutritionist in Montana, and am a Certified Lactation Consultant. I was the Nutrition and Breastfeeding Education Coordinator for the state WIC Program and retired in 1997.

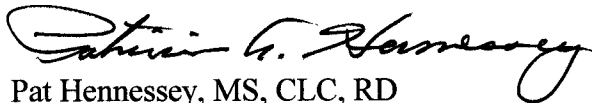
Every parent wants the best for his child and breastfeeding moms who must return to work want to give their babies the best nourishment, knowing that her milk provides health properties that cannot be duplicated or obtained otherwise. The numerous evidence-based studies document this.

I want you to know of the economic benefits also, and these are noted on the lavender sheet.

Finally, the picture shows there is a precedent in state government for accommodating our breastfeeding working moms. Then we were downsized. But we adjusted. All moms need is a private place - we had dividers and movable screens; an electrical outlet - we had those in abundance; a place to wash up - bathrooms at the end of every floor and wing; and if needed, there were several refrigerators on every floor, also.

Please weigh the health benefits to the mother and to the baby and the economic benefits to us all and I believe you will support this bill.

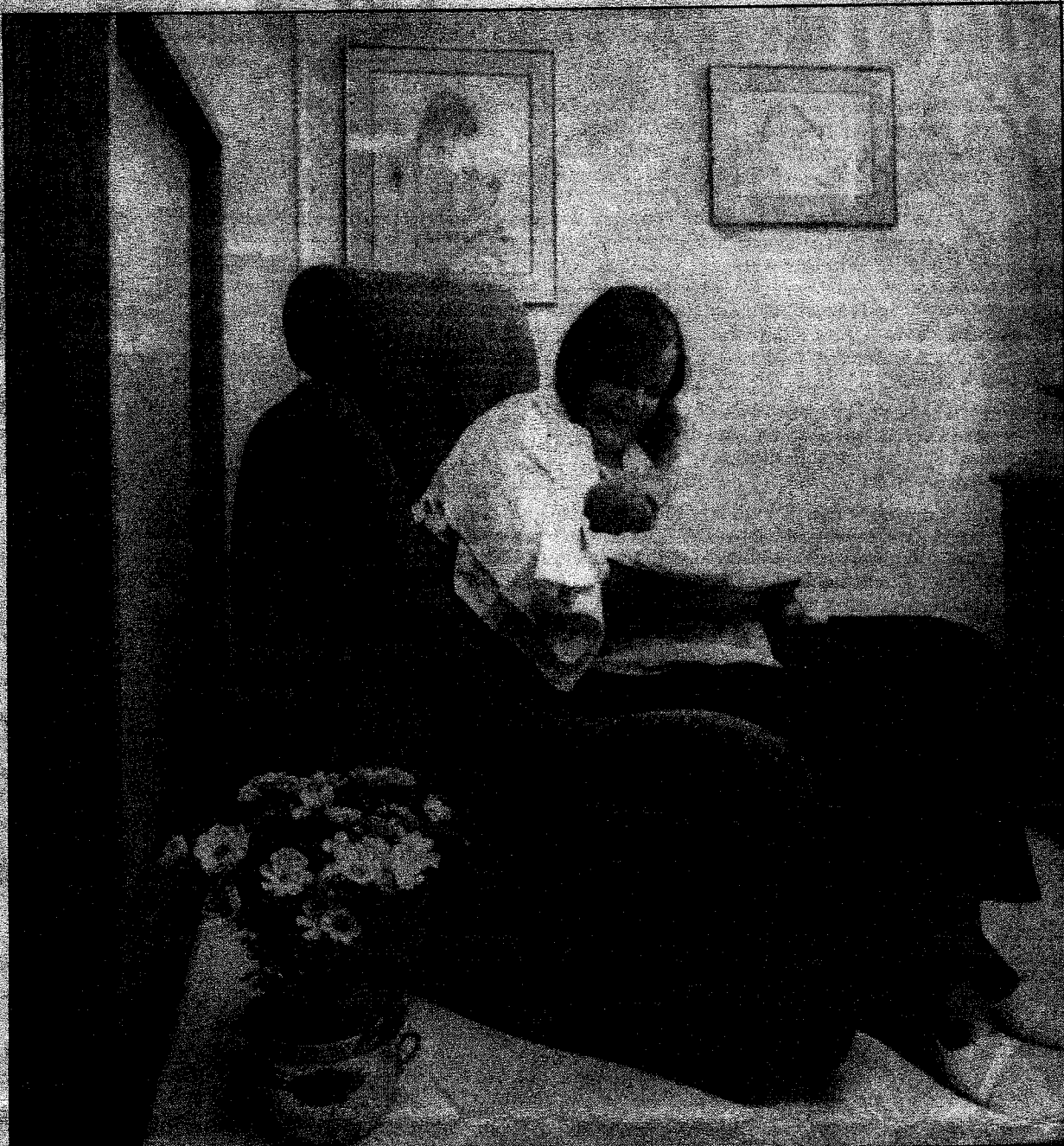
Thank you.



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THE MOTHER-FRIENDLY WORKPLACE

SR 9-18-93



A SPECIAL ROOM — State employee Diana Richards breastfeeds her newborn son, A.J., in the new Breastfeed Center, located in the Capitol Complex's old Livestock Building (1310 E. Lockett) on the third floor. The center, set up by the state Department of Health and Environmen-

tal Sciences, is for mothers who must return to work and want to continue to breastfeed their babies. There is also a center located in the Cogswell Building. (Staff photo by Gene Fischer)

Vote YES on House Bill #0089



Supporting Breastfeeding Is Cost-Effective!

The cost benefits of breastfeeding have been documented extensively in addition to the many health benefits for the breastfeeding mother and baby.

The Absence of Breastfeeding is Costly!

- **Insurers pay** \$3.6 billion+ annually to treat diseases and conditions preventable by breastfeeding. **(See other side for additional costs).**
- **HMOs pay** between \$331 and \$475 per never-breastfed infant for lower respiratory illness, otitis media, and gastrointestinal illness because of excess use of health care services and longer hospital stays attributable to formula feeding.
- **Families pay** \$1,200–\$1,500 on infant formula, per infant, for the first year. \$2 billion per year nationwide.
- **Employers pay** in increased health claims, decreased productivity, and more days missed from work to care for sick children. The equivalent of 1 year of employment is lost per 1,000 never-breastfed infants.
- **Taxpayers and the federal government pays** \$578 million yearly for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to buy formula for moms who could be breastfeeding.
 - Costs of supporting a breastfeeding mother in WIC are about 55% of the costs for a formula-feeding mother.
 - Every 10% increase in breastfeeding rates among WIC recipients (nationally) would save WIC \$750,000 per year.
- **We all pay** as \$2 million in energy is used yearly in the U.S. for processing, packaging, and transporting formula and a resulting 550 million formula cans (86,000 tons of metal & 800,000 pounds of paper packaging) are added to our landfills.

The U.S. government has recognized the importance of breastfeeding with three recent major policy statements:

- ***Healthy People 2010***
- ***HHS Blueprint for Action on Breastfeeding, and***
- ***Breastfeeding in the United States: A National Agenda.***

Thank you for supporting breastfeeding and our economy!

Additional Health Care Costs Attributed to Absence of Breastfeeding

1. Hospitalization costs from lower-respiratory infections range from \$2658 to \$3,075 more per formula-fed infant than for infants exclusively breastfed.
2. Health care costs include \$225 million for respiratory syncytial virus due to not breastfeeding.
3. Additional health care costs estimates of \$1,185,900,000 to \$1,301,100,000 for insulin-dependent diabetes mellitus (IDDM) in formula-fed children, assuming a 2-28 % IDDM rate attributable to not breastfeeding.

Reference: United States Breastfeeding Committee. *Economic benefits of breastfeeding* [issue paper]. Raleigh, NC: United States Breastfeeding Committee; 2002.

QUESTIONS? ASK

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